

6/21/11

If IT network goes down:

- 1) Current specimens:
  - a. Testing completed: Manual resulting of any critical results with verbal notification of provider/partners. Manual recording of calls made.
  - b. Testing not completed: Proceed with testing. Record results, QC, etc, on paper. Notify providers verbally of critical results. Manual recording of calls made. When IT system is back up, retroactively generate and send hard copies of results.
- 2) Incoming specimens:
  - a. For each lab test, there is a critical network down time after which the inconvenience and risk (QC) of manual accessioning and testing of specimens is outweighed by the negative consequences of delays in testing and test reporting. When this tolerable delay period has been exceeded, off-line testing contingency plans should be activated.
  - b. Epidemiologically or clinically important specimens (for example, possible pertussis in a healthcare worker) should be manually tested ASAP, regardless of the tolerable delay for routine specimens. Similarly, specimens that will become unsatisfactory for testing if they are not tested (or processed) immediately should be tested (or processed) immediately.
  - c. Offline specimen accessioning and testing:
    - i. Unless the lab has pre-printed labels (TB, lead, others?), manually generate temporary accession numbers for labeling samples and lab requisitions. If using hand-written labels, institute a label-sample-requisition checking process.
    - ii. Identify unsatisfactory specimens manually (for example, do not rely on IT system.
    - iii. Accession specimens electronically retroactively after IT access is restored.
  - d. All lab test requisitions should be filed sequentially in one location, so that demographic information is available when notifying providers of critical values.
- 3) EIAs and plate readers: Raw data from plate readers are used to manually determine run acceptability, and specimen results, if the plate reader protocol is not available on a local drive. For pertussis serology, the test results can be derived by entering raw data into a pre-established excel spreadsheet stored on a local drive.
- 4) PFGE lab: Continue to run gels. Store gel images on a local or jump drive. When the network is restored, upload results into Bionumerics for analysis. If the network is down for more than 3 days, saved images should be loaded to a jump drive and driven by an analyst to another PulseNet lab in the region (RI, NH, CT) for analysis and uploading.

LAB	TEST	approximate # samples/day	how long would the network have to be down for it to be worthwhile to institute offline accessioning and testing?
BT	white powder		1 hour
BT	confirmation of suspect organisms		1 hour
TB	smear		1 day
TB	MTD		1 day
TB	culture		1 day
TB	DST		1 day
TB	reference isolates	69	1 day
TB	QF	4	1 week
Enterics	primary specimens		4 hours
Enterics	serotyping		4 hours
Enterics	STEC		4 hours
PFGE		10	1 hour
Dairy			0 hours
Food			4 hours
STD	syphilis	46	1 day
STD	NAAT	85	2 days
STD	pertussis serology	12	
Reference	GC	23	1 day
Reference	pertussis culture	12	1 day
Reference	Legionella		1 day
Reference	surveillance isolates		1 day
Reference	sendouts		1 day
HIV		54	5 days
HCV		19	5 days
Rabies			4 hours
V. Serology			4 hours
V. Isolation			4 hours
Molecular	arbo human		4 hours
Molecular	arbo mosquito		4 hours
Molecular	arbo BT		1 hour
BioWatch			N/A
Drug lab			4 hours
Lead			4 hours
CT			1 hour
Env. Chem			1 hour